0.0			
	Case 1:13-md-02419-RWZ	Document 30/06/15 Filed 10/06/15	Page 1 of 59



3/10 Methylpred acetate Methylpred acetate 80mg -1me \$6.66 8mg 5ml \$28.85

(pains

4/13/10 Change acct name for PM to JWC from GBL -Dill give us Neclassesit pricing. GBI-needed to be renewed in Med Assess + -Spake & Sandra -

5/25/10 nin order fre

6/10 Mothypred accepte B/o - weing Dipo Medral - \$ 7.02

O/26/10 Spoke & Sandra Deveral times for pricing for him Management. Acct is under Medasseet - correct Prile for Dipo Medial 80 mg/sm/ is 30.66 Drill Eredit for 7/21 order v 9/18 arder.

11/11 Marcians 175% 10ml - 10/180x \$25.20 Lylocaine 220 5ml 10/180x \$53.94

Apoke & Sandia - She is checking & acct dept & is to get back & me hot sure of delayin processing - / Returned all linetract Dept needs Vender
approval - Andrea Geels we will get londract piccing on this by the they
must have Vendor approval. Well get pack & me Connerson or desert

126-10 Seff mesas

lint.

629 Shute Lane, Old Hickory, TN 37138 615-882-0042 800-677-5022 Fax: 615-882-0914

### Pharmaceuticals, Inc.

BILL TO:

SHIP TO:

ST. THOMAS OUTPATIENT NEUROSURG 2011 MURPHY AVENUE, SUITE 301

ST.THOMAS OUTPATIENT NEUROSURG 4230 HARDING RD. SUITE 901

NASHVILLE

37203

NASHVILLE

TN 37205

INVOICE NUMB	ER
189242	2
DATE	7572-
06/22/2	2010
PURCHASE OR	DER NUMBER
CUST NO	SALES
CUST NO 4540	SALES

Product No.	Product Description		Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt
7983-09	SODIUM CHL. 9% 1000ML	12	89-518-FW	1	0	1	26.00	26.00
1	SHIPPING		10	14	•	4	* **	9.00

Balloon Kyphoplasty

ORDER BY SANDY WITH SHA

Sorne / 1 ec Generic - 10 mais/Box 9.49 mil Depo Medrol 25 nots/Box \$11.95 vial

THANK YOU FOR YOUR ORD! SHIPMENT DISCREPANCIES V RECEIPT, RETURNS SUBJECT

Generio -

Ordud-30 Boxs - 5ml Celestone-\$ 35.95 mal

)

We appreciate your business.

Tax Payer ID# 62-1322467 CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION Delinquent accounts past due 20 days subject to a 1.5% interest charge per month on balance. Accounts turned over for collection are responsible for legal fees.

AHEAD OSTOPNC 0222

200	Case 1:13-md-02419-RWZ	Document 2302-15 Filed 10/06/15	Page 4 of 59
		REDACTED	

5 mcl - Depo - 80 mg - 3056

2-9-10 Not getting Medacot & on PM acct because thaddres (Suite #) is different.

Change &M suite # to 901. Sandra well process paqued & send us

cucit or universe that everchard. So get medacoet precions on

Juste 810-hure to submit request to medacoet for approval—

Ogndra to send is credit once paper week completed "Sandra, numer Dawascopt.co

2-14-11 Depo Med - soms Invl - 25 Box Me .88 (Vial) 171.92 (25 Box)

Spake i Buth - rew rep - phone 888-875-8662 (antrattle)

von past order for PM (July) you refund - not sure when when what lugan.

\* Celestine is long beam B/o

\* Pertated - no lingui available in U.S

Am & Bepriacein always order Box 25-not Individual - Chaper

And Depo Medral wider includial - cheaper - 5m1/80mg \$30.02 (30.56 Bex

Syn 11 175.60 - 7.02 - Bottle Dyo Medrol 8/30/11 (m) - Dyo-80mg 5ml MDV - 25 - 8 22.43 - Bottle - (\$560.65) Bugwacain .520 50ml MDN - 25 By - 2.22 each (\$55.39)

Per Cura script Mary acevedo) 877-703-8266

Old Standing Belance of 418 20 - pt 7/20 Charel Bank 7/25 
Curasingt has no record of phyminit hears recuried - Marline says address

correct they creek protected ment to incorrect lack book a their facilis

Curasingt - says are responsibility to find when went flaver say no

From: John Notarianni [jnotarianni@medicalsalesmgmt.com]

Sent: Tuesday, May 17, 2011 10:51 AM

To: Debra Schamberg Subject: NECC Pricing?

Attachments: Howell Allen ASC Nashville TN.docx

Debra

After our conversations I went back to my manager and he said he really would like to offer you better to earn your business. What price would we need to give you to gain your business on the Methylprednisolone(PF) 80mg/ml 1ml and 2ml vials. Can you please let me know what price would allow us to work together? Thank you for your patience.

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: NECC
Cell Phone: (508)454-0779
Fax: (508) 820-9401
inotarianni@medicalsalesmgmt.com
www.Neccrx.com

NECC - A vital resource for sterile and non-sterile compounding medications.

From: John Notarianni [jnotarianni@medicalsalesmgmt.com]

Sent: Friday, May 20, 2011 11:57 AM

To: Debra Schamberg

Subject: RE: NECC Pricing?

Debra

How about \$12.00 for the 2 ml of the 80mg/ml methylprednisolone (PF)?

Thank you

John

From: Debra Schamberg [mailto:dschamberg@howellallen.com]

Sent: Tuesday, May 17, 2011 5:52 PM

To: John Notarianni

Subject: RE: NECC Pricing?

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Regional Sales Manager Medical Sales Management Representing: NECC Cell Phone: (508)454-0779 Fax: (508) 820-9401

inotarianni@medicalsalesmgmt.com

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John L. Notarianni 697 Waverly Street, Framingham, MA 01702 Tel: 508.454.0779

Tel: 508.454.0779 Fax: 508.820.1616

jnotarianni@medicalsalesmgmt.com

www.neccrx.com

To: Howell/Allen ASC
4230 Harding Road Suite 901
Nashville, TN 37205
Attn: Debra Schamburg

Telephone: 615-341-3433
Fax: Email: dschamberg@howellallen.com

From:	John L. Notarianni Regional Sales Manager Medical Sales Management Representing: NECC
Subject:	Necc
Date:	5-4-2011

Dear Debra

Thank you for your interest in NECC. Per your request, please find below the pricing information for the items we discussed.

Medication	Strength	Size	Quantity	Exp. Date	Storage	Pricing
Methylprednisolon e (PF)	80mg/ml	1ml	500 per month	6months	Room Temp _X_ Refrigerated Frozen	\$8.00ea
Methylprednisolon e (PF)	80mg/ml	2ml	200 per month	6months	Room Temp_X_ Refrigerated_ Frozen -20	\$ <del>13.00ea</del> \$12.00
Omnipaque 300		5 ml	500 per month	6months	Room Temp_X_ Refrigerated_ Frozen -20	\$14.00ea
Omnipaque 300		3 ml	500 per month	6months	Room Temp_X_ Refrigerated_ Frozen -20	\$11.00ea

Beyond use date from date of compounding. Quotation is good for 30 days.

If you have any questions, please call me directly @ 508-454-0779. Best Regards,

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: NECC
Cell Phone: (508) 454-0779
Fax: (508) 820-9401
inotarianni@medicalsalesmgmt.com
www.Neccrx.com

Fax:

Jun 9 2011 04:26pm P001/001



629 Shute Lane, Old Hickory, TN 37138 615-882-0042 800-677-5022 Fax: 615-882-0916

Pharmaceuticals, Inc.

BILL TO:

SHIP TO:

ST.THOMAS OUTPATIENT NEUROSURG 2011 MURPHY AVENUE, SUITE 301

ST.THOMAS OUTPATIENT NEUROSURG 4230 HARDING RD. SUITE 901

NASHVILLE

NASHVILLE

TN 37205

Invoice INVOICE NUMBER 207958 DATE 06/09/2011 PURCHASE ORDER NUMBER CUST NO SALES 4540 CLINT TERMS

NET 20 DAYS DATE OF INV

Product No.	Product Description		Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt
3132-71	M'PRED 80MG/1ML 960/8.49	1ML	BG7398	40	00	0 400	8.95	3580.00
0720-01	BETA ACET-SOD PHOS 400/30.95	5ML	101800		12	0 12	33.95	407.40
1	SHIPPING		1		1 1	0 1	12.00	12.00
NURSELIFE	NURSE'S LIFE REFERENCE		1		2 (	2	0.00	0.00

ORDERED BY SANDY WITH RACHEL

YOUR BACK ORDER WILL SHIP FRIDAY

THANK YOU FOR YOUR ORDER - MUST REPORT ALL SHIPMENT DISCREPANCIES WITHIN 72 HOURS OF RECEIPT. RETURNS SUBJECT TO 25% RESTOCK FEE.

about \$2.40 increase / rical.

Spoke c Clint Elect 
will give \$5.49 puers on

this mission 
future missions will be

### 95

We appreciate y

Tax Payer ID# 62-1322467 CAUTION: FEDERAL LAW PRC. ..... DISPENSING WITHOUT A PRESCRIPTION Delinquent accounts past due 20 days subject to a 1.5% interest charge per month on balance. Accounts turned over for collection are responsible for legal fees.

Tennessee Sales Tax

Amount Due

3999.40

Clint.

629 Shute Lane, Old Hickory, TN 37138 615-882-0042 800-677-5022 Fax: 615-882-0916

Pharmaceuticals, Inc.

BILL TO:

SHIP TO:

ST.THOMAS OUTPATIENT NEUROSURG 2011 MURPHY AVENUE, SUITE 301 ST.THOMAS OUTPATIENT NEUROSURG 4230 HARDING RD. SUITE 901

NASHVILLE

TN 37203

NASHVILLE

TN 37205

Invoice
INVOICE NUMBER
207958

DATE
06/09/2011

PURCHASE ORDER NUMBER

CUST NO
4540

CLINT

TERMS

NET 20 DAYS DATE OF INV

Product No.	Product Description		Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt
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0720-01	BETA ACET-SOD PHOS 400/30.95	5ML	101800 -	6	12	0 12	33.95	407.40
1	SHIPPING		1		1	0 1	12.00	12.00
NURSELIFE	NURSE'S LIFE REFERENCE		1		2	0 2	0.00	0.00

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ااانطاعا

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Mil mariable \$2.49 mid

We appreciate your business.

Tennessee Sales Tax

Amount Due

3999.40

From: Debra Schamberg

Sent: Friday, June 10, 2011 1:34 PM

To: 'John Notarianni' Subject: RE: NECC Pricing?

Happy Friday John,

If pricing is still \$6.50 for 1ml and \$12 for 2ml for Methylprednisolone 80mg/ml, I am willing to do business with you. Let me know what is needed.

Have a good weekend.

Debra

From: John Notarianni [mailto:jnotarianni@medicalsalesmgmt.com]

Sent: Friday, May 20, 2011 11:57 AM

To: Debra Schamberg Subject: RE: NECC Pricing?

Debra

How about \$12.00 for the 2 ml of the 80mg/ml methylprednisolone (PF)?

Thank you

John

From: Debra Schamberg [mailto:dschamberg@howellallen.com]

Sent: Tuesday, May 17, 2011 5:52 PM

To: John Notarianni

Subject: RE: NECC Pricing?

John, if you can get your price under \$6.50 for 1ml vial, then we can talk.

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Sent: Tuesday, May 17, 2011 10:51 AM

To: Debra Schamberg Subject: NECC Pricing?

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John L. Notarianni
Regional Sales Manager
Medical Sales Management
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Cell Phone: (508)454-0779
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www.Neccrx.com

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Page 1 of 1

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Subject: RE: NECC Pricing?

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John L. Notarianni Regional Sales Manager Medical Sales Management Representing: NECC

Cell Phone: (508)454-0779 Fax: (508) 820-9401

inotarianni@medicalsalesmgmt.com

www.Neccrx.com

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Page 1 of 1 Debra Schamberg John Notarianni [jnotarianni@medicalsalesmgmt.com] From: Curacy + 6.66 Sent: Friday, May 20, 2011 11:57 AM To: Debra Schamberg Subject: RE: NECC Pricing? Debra How about \$12.00 for the 2 ml of the 80mg/ml methylprednisolone (PF)? Thank you 15 order 48-72hrs-John From: Debra Schamberg [mailto:dschamberg@howellallen.com] Sent: Tuesday, May 17, 2011 5:52 PM To: John Notarianni Subject: RE: NECC Pricing? John, if you can get your price under \$6.50 for 1ml vial, then we can talk. Debra From: John Notarianni [mailto:jnotarianni@medicalsalesmgmt.com] Sent: Tuesday, May 17, 2011 10:51 AM To: Debra Schamberg Subject: NECC Pricing? Debra After our conversations I went back to my manager and he said he really would to earn your business. What price would we need to give you to gain your busi Methylprednisolone(PF) 80mg/ml 1ml and 2ml vials. Can you please let me kr allow us to work together? Thank you for your patience. Pleid 140 names Faon roote = John L. Notarianni Board of Pharmacy / Equision. Spate of Moss Can Dubonit (Last name In the) Regional Sales Manager Medical Sales Management Representing: NECC Cell Phone: (508)454-0779 Fax: (508) 820-9401 jnotarianni@medicalsalesmgmt.com www.Neccrx.com NECC - A vital resource for sterile and non-sterile compounding medications. 14

STOPNC\_0094

# St. Thomas Outpatient Neurosurgery Center

TO: John Notarianni	EDOM DEDDA GOWANDEDG
10. John Notaliann	FROM: DEBRA SCHAMBERG FAX: 615-341-3427
	DIRECT: 615-341-3433
COMPANY: NECC	DATE: 6/10/11 + 6/14
FAX NUMBER: 888-820-0583 508 - 820-1616	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

#### Confidentiality Notice

This facsimile contains Confidential Information that is legally privileged and protected. This information is intended only for the use of the individual or entity named as the Recipient above. If you are not the intended recipient of this information or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or action in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please immediately notify St. Thomas Outpatient Neurosurgical Center at the contact number above and arrange for the return or destruction of these documents.

STOPNC\_0082

Prescription Order Form

помения бизивись конциять

697 Waverly Street, Framingham MA 01702 800.994.6322, 508.820.0606.	FAX 888.820.0583 or 508.820.1616		9 P.O.#: 50.06/01/
		PHONE NUMBER: 615-341-3435	E. Debra Schumber
Prescription Order Form		Vaurosumial Center PHONE NUMBE	wate 901 Nashwilk The CONTACT NAME: Debra Schumberg
11.41.1	DATE: 0-10-11	+ Neurosum	Suche 901
TOUR STATE OF THE PARTY OF THE		mas Outpathen	Harding Rd
	Note that the second se	NAME OF St. Thomas Outpathen't A FACILITY:	ADDRESS: 430 Harding Rd Su

Name of Patient	Name of medication to be Strength If preservative- Unit si	Strength	If preservative-	Unit size	Jo#	Directions
	compounded	(%, mg/ml, u/ml)		(mL, gm)	units	
	methylprednisalme	1m/m08	4/0	1ml	500	1
	methylprednisalon.	80mg/ml	#d	2ml	300	1
		5	,			

Physician's Name/Signature: John Cul clasure\_MD

DEA Number: BC 222 6909

Time:

Date:

For NECC Use Only

NECC Agent: Verification: Institutional Agent:

16

V102309

# Account Information/ Credit Application

Shipping Address: Facility Name: St.	Thomas Out Patient A	(eurosurgical Ce	enter
Street: 4230 Har	ding Road Suite	901	
city: Nashville		The state of the s	Zip:_ 37205
Phone: 615-327-954	3 ext 3425	Fax:615-341-34	27 Emaild schamberg @ howellaffen con
Shipping Contact Name:	Debra Schamberg, RN		
Billing Address: Facility Name: St. Tho	mas Outlatient Neuro:	Surgical Center	entre de la companya del companya de la companya de
Street: 4230 Hard	ing Road Suite	901	
City: Nashville		State: TN	Zip: 37205
Phone: (015-327-45			2 Email: dechamberg about lalle
	ct Name: Marlese Aller		
	DERS REQUIRED? Yes		
	EDIT CARD? Yes No_!	200	Spar Vall
Type	Number	·———	Exp Date
Bank Reference; Bank Name: 159 Ju	Musee Contact Nan	ne: Paula Dainges	Phone: 615-734-6289.
Bank Account #:		Type: Chukung	
Bank Address, City, Stat	e, Zip: 511 Union St,		
Trade Reference:			
Company Name	Contact Address	City State	Zip Phone
1.P55	4105 Royal Dr NW	Kennesaw Go	30144 678 -813-4000
provided herein is a complete and	nd warrants that the party signing below is a discourate representation of the company's asse any information necessary to assist in a	financial situation as of the date	the company and that the information hereof and that the party authorizes
/.	Schambers	Tille. Serving	Date: 6/10/11
	Z. Z	Kalanas	V102005

697 Waverly Street, Framingham, MA 01702 Tel: 800-994-6322 or 508-820-0606 Fax: 888-820-0583 or 508-820-1616 www.neccrx.com From: Debra Schamberg [dschamberg@howellallen.com]

Sent: Wednesday, June 15, 2011 8:43 AM

To: Clinton Ebel

Subject: Drug order 6-9-11

Good Morning Clint,

Have a question about our most recent drug order from your company. We ordered methylprednisolone 80mg/ml, 400 vials and were told pricing had increased to \$8.98/vial. This is a \$2.49 increase per vial. When asked about the reason for this sudden jump, we were told it was due to supply and demand. Is this to be expected anytime we place an order with your company—pricing depends on supply and demand?

Thank you for checking into this.

Debra Schamberg, RN, CNOR Facility Director St Thomas Outpatient Neurosurgical Center 4230 Harding Road Suite 901 Nashville, TN 37205 phone# 615-341-3433 fax#: 615-341-3427 dschamberg@howellallen.com



!!!THANK YOU FOR YOUR ORDER!!!

\*\*\*PLEASE PLACE INVOICE NUMBER ON PAYMENT\*\*\*

New England Compounding Center, Inc. PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

## Invoice

Date	Invoice #
6/16/2011	181132

Bill To

ST. THOMAS OUTPATIENT NEUROSURGIACL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: MARLESE ALLEN Ship To

ST. THOMAS OUTPATIENT NEUROSURGIACL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: DEBRA SCHAMBURG

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
SC061011	Net 30	JN	6/16/2011	FEDEX	6.4	
Quantity	Item Code		Descriptio	n .	Price Each	Amount
1 22 1 1 1 db	METHYL 80/1 PF METHYL 80/2 PF Shipping Charges	MG/ML INJE	EDNISOLONE ACE CTABLE, 1 ML EDNISOLONE ACE			3,250.00 00 2,400.00 00 20.00

Total

\$5,670.00

From: Debra Schamberg [dschamberg@howellallen.com]

Sent: Monday, June 20, 2011 1:04 PM

To: Clinton Ebel

Subject: RE: Drug order 6-9-11

Clint,

Thanks for getting back with me.

You can control inventory and stockpiling by limiting the amount of product you sell to your customers at one time. Especially when your product cost did not change.

Debra

From: Clinton Ebel [mailto:clint@clintpharmaceuticals.com]

Sent: Monday, June 20, 2011 12:30 PM

To: Debra Schamberg

Subject: Re: Drug order 6-9-11

Debra,

Sorry I am just now getting back to you. I was out of the office last week.

I apologize about the price increase on the Methylprednisolone. We are currently experiencing a shortage as you probably know. The reason for the price increase is to somewhat control our inventory. In a way we are trying to discourage other customers from stockpiling product.

I assure you that I can hold to the price we agreed upon before once the shortage is over. As of right now, I am not allowed to give any special pricing for the Mpred for any customers.

I hope this helps. Please let me know if you have any other questions or concerns as I value your business very much.

Best Regards,

Clinton Ebel
Clint Pharmaceuticals
Medical Sales Specialist
e: clint@clintpharmaceuticals.com

p: 615.507.9232

On Jun 15, 2011, at 8:42 AM, Debra Schamberg wrote:

Good Morning Clint,

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Thank you for checking into this.

Debra Schamberg, RN, CNOR
Facility Director
St Thomas Outpatient Neurosurgical Center
4230 Harding Road Suite 901
Nashville, TN 37205
phone# 615-341-3433
fax#: 615-341-3427
dschamberg@howellallen.com

From: Clinton Ebel [clint@clintpharmaceuticals.com]

Sent: Monday, June 20, 2011 1:27 PM

To: Debra Schamberg

Subject: Re: Drug order 6-9-11

Debra,

I definitely understand and see your point. I am going to talk to my boss and let him know your concerns. Like I said before, myself and the company as a whole values your business. If there is anything I can do I will let you know.

Thanks again.

Best Regards,

Clinton Ebel
Clint Pharmaceuticals
Medical Sales Specialist
e: clint@clintpharmaceuticals.com

p: 615,507.9232

On Jun 20, 2011, at 1:03 PM, Debra Schamberg wrote:

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Facility Director
St Thomas Outpatient Neurosurgical Center
4230 Harding Road Suite 901
Nashville, TN 37205
phone# 615-341-3433
fax#: 615-341-3427
dschamberg@howellallen.com

14)	REDACTED



629 Shute Lane, Old Hickory, TN 37138 615-882-0042 800-677-5022 Fax: 615-882-0916

# Pharmaceuticals, Inc.

BILL TO:

ST.THOMAS OUTPATIENT NEUROSURG 2011 MURPHY AVENUE, SUITE 301

NASHVILLE

TN

37203

SHIP TO:

ST. THOMAS OUTPATIENT NEUROSURG

4230 HARDING RD. SUITE 901

NASHVILLE

TN 37205

Invo	
INVOICE NUM	770
2079	58
DATE	
06/09	/2011
PURCHASE O	RDER NUMBER
CUST NO	SALES
4540	CLINT

Product No.	Product Description		Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt
NURSELIFE	NURSE'S LIFE REFERENCE		1		2	0 2	0.00	0.00
1	SHIPPING		1		1	0 1	12.00	12.00
1982-61	ACETAMINOPHEN TAB 325MG 100UD	100UD	1		1	1 0	3.27	0.00
0720-01	BETA ACET-SOD PHOS 400/30.95	5ML	101800	195	12	0 12	33.95	407.40
3132-71	M'PRED 80MG/1ML 960/8.49	1ML	BG7398	40	00	0 400	6.49	2596.00

ORDERED BY SANDY WITH RACHEL

YOUR BACK ORDER WILL SHIP FRIDAY

PRICING PER JEFF! ONE TIME ONLY REGULAR PRICING UNTIL SHORTAGE IS OVER

THANK YOU FOR YOUR ORDER - MUST REPORT ALL SHIPMENT DISCREPANCIES WITHIN 72 HOURS OF RECEIPT. RETURNS SUBJECT TO 25% RESTOCK FEE.

6/23/11

This innover replaces previous inionia on m'pred songland-This has currect pricing of 6.49 - other misure \$8.95

Judit - # 98400 check 6/31/11

Staj Spoke & Clint - (ke called)

But I we could order 2000 Nials @ 7.49 or 7.48-Stated-national shortage -Sold him we were of a moment + did not wish to order asked him to ussue Marlese The Credit - \$98000

We appreciate your business.

Tenn

Tax Payer ID# 62-1322467 CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION Delinquent accounts past due 20 days subject to a 1.5% interest charge per month on balance. Accounts turned over for collection are responsible for legal fees.



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697 Waverly Street, Framingham MA 01702 FAX 888.820.0583 or 508.820.1616 800.994.6322, 508.820.0606.

DEA Number: BC 2226909 Directions P.O. #: 30.06 1011 500 # of 200 Unit size (mL, gm...) 100 Sm/ We must have Facility name & address to process your prescription order - Thank you. free, write in p/f If preservative-Nashulle 720 NAME: Debra Schamberg PHONE NUMBER: 615-341-3435 (%, mg/ml, Strength Some /m (lm/n /w/wde Name of medication to be NAME OF St. Thomas Outpather + Neurosuiglied Center FACULTY: Physician's Name/Signature: Thn Pulclasure MD methylprednisolane methy prednisolany ATE: - 8-12-11 compounded Suck 901 ADDRESS: 1230 Harding Rd Name of Patient

Time: Date: For NECC Use Only NECC Agent: Verification: Institutional Agent:

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697 Waverly Street, Framingham MA 01702

800.994.6322, 508.820.0606.

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FAX 888.820.0583 or 508.820.1616

We must have Facility name & address to process your prescription order - Thank you. NASHAIR THA NAME: DEBRA Schamberg PHONE NUMBER: 615-341-3435 NAME OF St. Thomas Outpatien's Naurosum ind Center FACILITY: Suck 901 ADDRESS: 4330 Harding Rd

P.O. #: 50.06 1011

Directions 500 units 38 Jo# Unit size (mL, gm...) 1 2m/ free, write in p/f If preservative-(%, mg/ml, Strength 80mm/m 1m/m/8 (lm/n Name of medication to be methylprednisolone methylyrednessing compounded Name of Patient

Physician's Name/Signature: John Culclasure\_MD

NECC Agent: Verification: Institutional Agent:

Date:

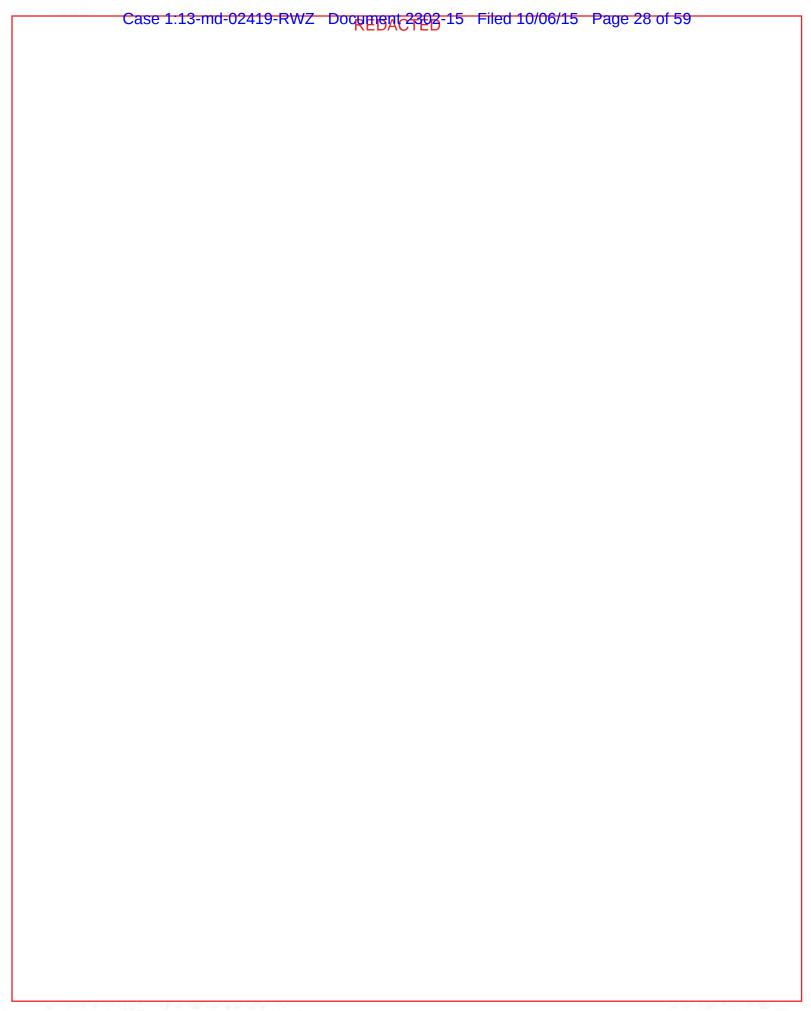
For NECC Use Only

Time:

DEA Number: BC 222 6909

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DATE: 1-17-12

NAME OF FATHER OUT petiend Neuros Weitcal Ctv FRONE NUMBER: Le 15 - 341 - 3425

697 Waverly Street, Framingham MA 01702 FAX 888.820.0583 or 508.820.1616 800.994.6322, 508.820.0606.

DEA Number: 86 233 640 65 Case 1:13-md-02419-RWZ **Document 2302-15** Filed 10/06/15 CONTACT NAME: Oabra Schamberg P.O. #: SC 1-17-12 Directions units 100 # of 2ml Unit size (mL, gm...) We must have Facility name & address to process your prescription order - Thank you. If preservativefree, write in p/f 上上 For NECC Use Only (%, mg/ml, Soma mi Strength u/ml) Physician's Name/Signature: John W Cul Jakora methy predictions Name of medication to be ADDRESS: 4230 Harding Rd, Suite #901 compounded Name of Patient

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Time:

Date:

NECC Agent:

Verification: Institutional Agent:

1102309

697 Waverly Street, Framingham MA 01702 800.994.6322, 508.820.0606.

Prescription Order Form

DATE: 1- 34-13

FAX 888.820.0583 or 508.820.1616

FACILITY: S+THOMUS OUT	FACILITY: S+Thomas Outpatient Newsward PHONE NUMBER:	BER:					(
ADDRESS: 4230 Handry Red Suite 901	A Red Surte 901 CONTACT NAME: Debra	AME: Deby	a Schamberg		J. #: 3C	P.O.#. 3C 1-34-13-	Case
Name of Patient	We must have Facility name & address to process your prescription order –  Name of medication to be  compounded  (%, mg/ml, free, write in p/	Strength (%, mg/ml,	escription order – TI If preservative- free, write in p/f	Thank you. Unit size (mL,	# of units	Directions	1:13-m
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Physician's Name/Signature	Physician's Name/Signature: John W Culchasure	MD		DEA	Number:	DEA Number: BC 233690	30 nf
		For NECC Use Only					<del>59</del>
Verification: Institutional Agent:	gent: NECC Agent:		QB:	Date:		Time:	
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697 Wavetly Street, Framingham MA 01702 800.994.6322, 508.820.0606. FAX 888.820.0583 or 508.820.1616

Time:		Date:	t QB:	For NECC Use Only ent:	NECCA	Verification: Institutional Agent:
DEA Number: 8C 222 6909	Number:	DEA			John Cutchescore MC	Physician's Name/Signature:
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2419	2	2ml	PF	6 mg/m	betameth 4500 e re positivy	
Directions  Oirections	# of units	Unit size (mL, gm)	If preservative- free, write in p/f	Strength (%, mg/ml, u/ml)	Name of medication to be compounded	Name of Patient
Case 1 -61-41-2-35 #.O.d	#.	* A-C1	a Schamber	AME: Debr	Rd Scute 401 CONTACT NAME: Debra Schambarg We must have Facility name & address to process your prescription order - Thank you.	ADDRESS: 4230 Handing
			-341-3426	BER: 615	NAME OF St. Thomas Outpatient Neurosungical PHONE NUMBER: 615-341-3425	NAME OF FITHMES Outpo

17102309

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697 Waverly Street, Framingham MA 01702

# Prescription Order Form

DATE: 2-18-13-

800.994.6322, 508.820.0606. FAX 888.820.0583 or 508.820.1616

ase 1:	13-md-0	241	9-RWZ	Docu	men	t 230	2-15	File	ed 10	0/06/	15	Page	34 of
P.O.#. 5C. 3-38-13	Directions				¥								DEA Number: BC 232 6904 9
# 5C	# of units	0	300										Number:
	Unit size (mL, gm)	2ml	1 m1										DEA
CONTACT NAME: 1) 2 by a . ) 2 b a.m Dercy ne & address to process your prescription order — Thank	If preservative- free, write in p/f	44	보 소										
AME: 1) 2. by Coproperty of the process your process	Strength (%, mg/ml, u/ml)	bmg m	80mg/ml										
nan	Name of medication to be compounded	betamethasone repository	methy prednisolone								-16		Physician's Name/Signature: Tohn Culdasure MD
ADDRESS: 42.50 Nardrac Rd Juste 401	Name of Patient							t i					Physician's Name/Signature:

STOPNC\_0075

Time:

Date:

QB:

NECC Agent:

Verification: Institutional Agent:

1102309

697 Waverly Street, Framingham MA 01702 FAX 888.820.0583 or 508.820.1616 800.994.6322, 508.820.0606. RACILITY: SET HOMES Outrations Neurosurgical PHONE NUMBER: (615-341-3425 Prescription Order Form DATE: 3-16-12

1200 3/20 Veeil 3/26 DEA Number: BC 222 6409 Directions P.O. #. 563-16-12 Time: units 300 # of 0 Unit size Date: gm...) 2ml (mJ, Z We must have Facility name & address to process your prescription order - Thank you. ADDRESS: 4230 Narding Rd Swite 901 CONTACTINAME: Debra Schamberg free, write in p/f If preservative-OB: 4 170 For NECC Use Only (%, mg/ml, Strength COMG mi u/ml) 80 mg NECC Agent: beteinethy some reposition Physician's Name/Signature: John Culcha Sura MD Name of medication to be mothy In rednisolone compounded Verification: Institutional Agent: 37205 2 Name of Patient NOSK 1102309

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Case 1:13-md-02419-RWZ **Document 2302-15** Filed 10/06/15 Page 37 of DEA Number: BC 232 6409 ŧ٤ Directions 697 Waverly Street, Framingham MA 01702 P.O.# 564-3-13 Time: FAX 888.820.0583 or 508.820,1616 STOPNC\_0073 800.994,6322, 508.820.0606. 100 units # of 15 Date: Unit size (mL, gm...) K 2m ADDRESS: 4230 Narding Rd Swite 901 CONTACT NAME: Debra Schamberg CONTACT NAME: Debra Schamberd RACILITY: St. Thomas Outrations Neurosaugical PHONE NUMBER: 615-341-3425 If preservativefree, write in p/f 上日 やア OB: For NECC Use Only (%, mg/ml, 80 mg/m Strength 6 mg m n/ml) Prescription Order Form 14-9-12 betameth a sone repository NECC Agent: Physician's Name/Signature: JOhn Culdasure. M.D methy ored risolar Name of medication to be DATE: 4-3-12 compounded Verification: Institutional Agent: Name of Patient NAME OF

17102309

## St. Thomas Outpatient Neurosurgery Center

TO:	FROM: 5+Thomas Output rent Never. FAX: 615 - 341 3427 DIRECT:
COMPANY:	DATE: 4-9-12
FAX NUMBER: 888-820-0583	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: prescription orde	YOUR REFERENCE NUMBER:

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Prescription Order Form

697 Waverly Street, Framingham MA 01702

800.994.6322, 508.820.0606.

FAX 888.820.0583 or 508.820.1616

DATE: 4-9-12

Directions P.O.#. 5C 4-9-17 units 500 Jo # 3 Unit size (mL, gm...) We must have Facility name & address to process your prescription order - Thank you. とと 3 ADDRESS: 4230 Narding Rd Swite 901 CONTACT NAME: Debra Schamberg NAME OF ST Thomas Outpatient Neurosugical PHONE NUMBER: 615 - 341 - 3425 free, write in p/f If preservative-0 1 (%, mg/ml, 80mg/mg Strength lema m u/ml) betamethasone repository methy pred hisolone Name of medication to be compounded 37205 2 Name of Patient NOSh

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DEA Number: BC 222 6909

Time:

Date:

OB:

For NECC Use Only

Physician's Name/Signature: John Culchasture, MD

NECC Agent:

Verification: Institutional Agent:

V102309

## St. Thomas Outpatient Neurosurgery Center

TO:	FROM: 5+ Thomas Outpatrent Miller FAX: 615 - 341 3427 DIRECT:
COMPANY:	DATE: 4-24-12
FAX NUMBER: 888-820-0683	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
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Prescription Order Form

697 Waverly Street, Framingham MA 01702 800.994.6322, 508.820.0606. FAX 888.820.0583 or 508.820.1616 PHONE NUMBER: 415 - 341 - 3425 RACILITY: SET Homas Outpatient Neurosugical 4-24-12

Time:		. Date:	:@O	For NECC Use Only gent:	For N NECC Agent:	onal Agent:	Verification: Institutional Agent:
DEA Number: BC 222 6409	Vumber:	DEA			Physician's Name/Signature: John Culchasure MD	ature: Johr	Physician's Name/Sign
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	20	2m/	IL.	(e mag m)	betamethasone renository lawa m	beta	
Directions	# of units	Unit size (mL, gm)	If preservative- free, write in p/f	Strength (%, mg/ml, u/ml)	Name of medication to be compounded	Nam	Name of Patient
P.O.#. 5C4-44-15-	.#.50		name & address to process your prescription order - Thank	ME: Debye	We must have Facility name & address to process your prescription order - Thank you.	corne Rel	ADDRESS: 4230 Narding Rd Swite 901

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697 Waverly Street, Framingham MA 01702 800.994.6322, 508.820.0606.

Prescription Order Form

5-7-12

DATE:

NAME OF FATHOMAS OUT patient Neurosurgical PHONE NUMBER: 615 - 341 - 3425

FAX 888.820.0583 or 508.820.1616

Case 1:13-md-02419-RWZ

DEA Number: BC 222 6909 P.O.# 56 5-7-12 Directions Time: 82 10 500 units # of Date: Unit size (mL, gm...) M We must have Facility name & address to process your prescription order - Thank you. ADDRESS: 4230 Narding Rd Swite 901 CONTACT NAME: Debra Schamberg free, write in p/f If preservative-OB: 4 For NECC Use Only (%, mg/ml, 80mg/m/ Strength n/ml) NECC Agent: S W Name of medication to be Physician's Name/Signature: John Culcha Sture methyl prechusolone compounded Verification: Institutional Agent: 37205 Name of Patient 2 NOSK 7102309

**Document 2302-15** 

Filed 10/06/15

Page 42 of 59

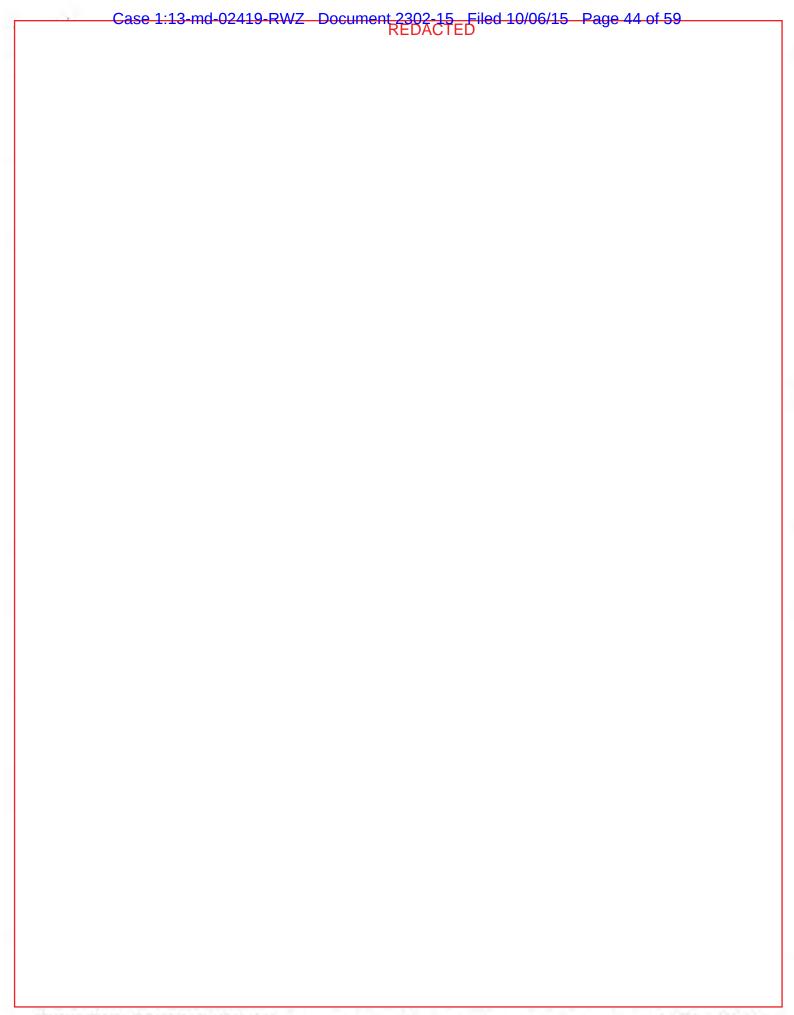
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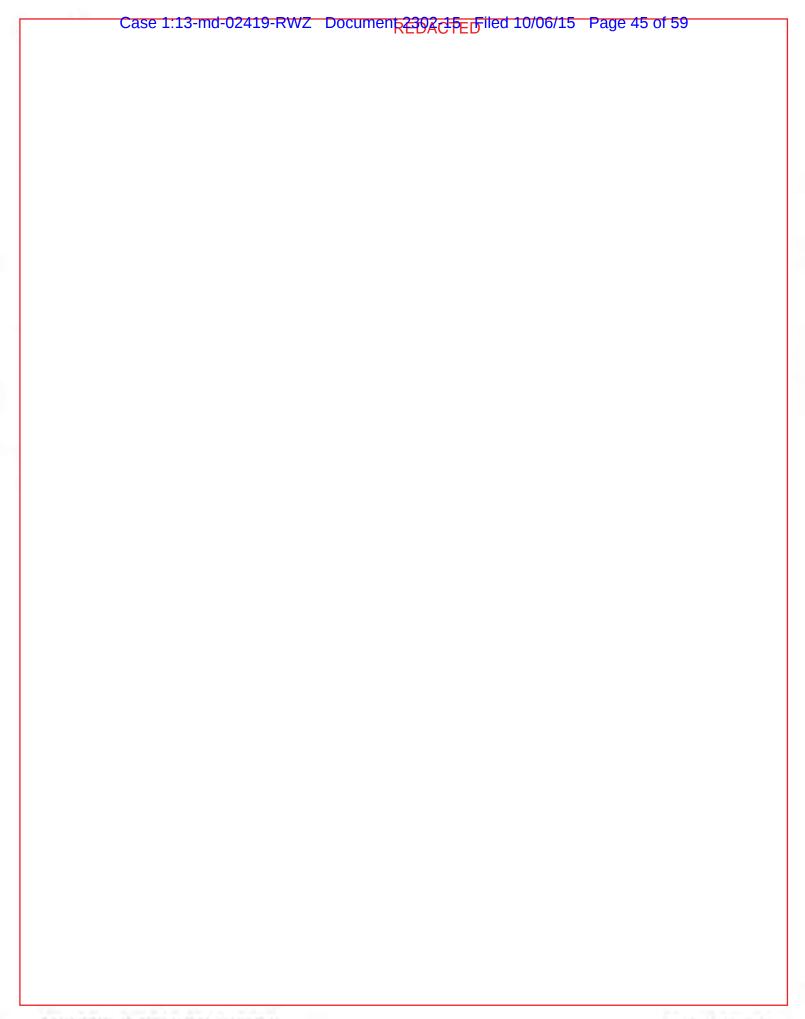
## St. Thomas Outpatient Neurosurgery Center

ro:	FROM: 5+Thomas Outpatrent Never FAX: 615-3413427 DIRECT:
COMPANY:	DATE:
FAX NUMBER: 888-820-0583	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
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697 Waverly Street, Framingham MA 01702 FAX 888.820.0583 or 508.820.1616 800.994.6322, 508.820.0606.

Case 1:13-md-02419-RWZ

Prescription Order Form

Directions P.O. #. SC - 6 - 1-13 200 units # of 0 Unit size 2 m (mL, gm... M ADDRESS: 4230 Harding Ad #901 CONTACT NAME: Debra Johan berg No Sh Th 37209 We must have Facility name & address to process your prescription order - Thank you. RACILITY: St Thomas Outpotient New oscurged PHONE NUMBER: 615 - 3-41 - 3-425 If preservativefree, write in p/f 11 11 4 80mg/ml (%, mg/ml, Strength 4mg m u/ml) betamethasone verository Name of medication to be methy I med nisolone DATE: (6-1-13 compounded Name of Patient

Document 2302-15

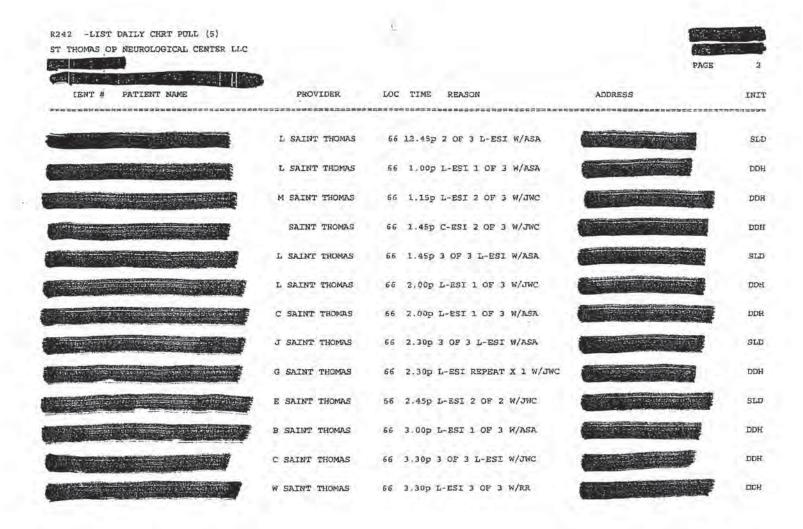
Filed 10/06/15

DEA Number: BC 222 (2909 g Time: Date: OB: For NECC Use Only NECC Agent: Physician's Name/Signature: John Culcha Sura Verification: Institutional Agent: 1102309

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	T # PATIENT 1		PROVIDER	LOC	TIME	REASON	ADDRESS	INIT
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	DDH
SAINT THOMAS 56 8.30 L-ESI 1 OF 3 W/ASA	DDH
J SAINT THOMAS 66 9.00 L-ESI 1 OF 2 W/JWC	DDH
SAINT THOMAS 66 9,00 T-ESI 1 OF 3 W/ASA	DDH
SAINT THOMAS 66 9.30 L-ESI 2 OF 3 W/ASA	DDH
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L SAINT THOMAS 66 9.45 L-ESI REPSAT X 1 W/JWC	DDH
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	BLD
M SAINT THOMAS  SAINT THOMAS  66 1.00p RT SI JOINT X 1 W/ASA	DDH
	ddh
SAINT THOMAS 65 1.15p L-ESI 2 OF 3 W/JWC STOPNC_000	

R242 -LIST DAILY CHRT PULL (5) ST THOMAS OP NEUROLOGICAL CENTER LLC USER - sld015						DATE TIME PAGE	5/25/12 08:50 2
CHART LIST FOR APP'TS ON ** 6/26/12 ** :ENT # PATIENT NAME	PROVIDER	LOC	TIME	REASON	ADDRESS		INIT
	M SAINT THOMAS			3 OF 3 L-ESI W/JWC	e sea A		SLD
	C SAINT THOMAS	66	1 30p	L-ESI X 1 REPEAT W/ASA	A STATE OF THE STA		SLD
The Hill and Applications and Applications	B SAINT THOMAS	66	1.45p	L-ESI 2 OF 3 W/JWC		P	BLD
And the second s	C SAINT THOMAS	66	1.45p	L-ESI 2 OF 3 W/ASA		1	DDH
	E SAINT THOMAS	66	2.00p	L-ESI 1 OF 3 W/ASA	ार्थकार्वे व्यक्तिकार्यक	Ī	BLD
A Property of the Control of the Con	M SAINT THOMAS	66	2.00p	CERVICAL FACET BLOCK W/C	we and the second	3	BLD
	A SAINT THOMAS	66	2.30p	L-ESI 2 OF 3 W/JWC	Control of the Contro		BPD
	N SAINT THOMAS	66	2.30p	L-ESI 1 OF 3 W/ASA	William Control	型量	DDH
	R SAINT THOMAS	66	2.45p	L-ESI 2 OF 3 W/JWC	100000000000000000000000000000000000000		BLD
CONTRACTOR OF THE STATE OF THE	L SAINT THOMAS	55	3.00p	L-ESI 1 OF 3 W/ASA			BID
	s SAINT THOMAS	66	3.00p	L-ESI X 1 W/JWC		F	DDH
The second of th	L SAINT TROMAS	66	3.30p	L-ESI 1 OF 3 W/JWC		*	DDH
The state of the s	J SAINT THOMAS	66	3.30p	L-ESI 1 OF 3 W/ASA	The Constitution of the Co		BLD
The state of the expense of the state of the	C SAINT THOMAS	56	4.00p	2 OF 3 L-ESI W/JWC	Application and		DDH
	J SAINT THOMAS	66	4.00p	L-ESI 2 OF 3 W/ASA	grand the property of		BLD

PROVIDER

R242 -LIST DAILY CHRT PULL (5) ST THOMAS OP NEUROLOGICAL CENTER LLC USER - sld015

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TIME

6/13/12

08:42

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1	SAIN	THOMAS	66	7.30	L-ESI 1 OF 3 W/JWC
		THOMAS			L-BSI X 1 W/JWC
1		THOMAS			C-ESI X 1 W/JWC
		THOMAS			L-ESI 1 OF 3 W/JWC
	200	THOMAS			L-ESI X 1 W/JWC WORK IN
		THOMAS			C-ESI X 1 REPEAT W/JWC
		THOMAS	100		L-ESI X 1 REPEAT W/JWC
B	SAINT	THOMAS	65	10.00	L-ESI 1 OF 3 L4-5 W/JWC
0	SAINT	THOMAS	66	10.30	L-ESI 2 OF 3 W/JWC
F	SAINT	THOMAS	66	10.45	L-ESI 2 OF 3 W/JWC
В	SAINT	THOMAS	66	11.00	L-EST 1 OF 3 W/JWC
P	SAINT	THOMAS	66	11.30	L-ESI 2 OF 3 W/JWC
M	SAINT	THOMAS	66	12.30p	3RD L-ESI W/JWC
	SAINT	THOMAS	66	12.45p	C-ESI 1 OF 3 W/JWC
D	SAINT	THOMAS	66	1.00p	LUMB FACET BLK #1 W/JWC
G	SAINT	THOMAS	66	1.45p	3 OF 3 L-ESI W/JWC
	SAINT	THOMAS	66	2.00p	L-ESI 1 OF 3 W/JWC
	SAINT	'THOMAS	66	2.30p	L-ESI 1 OF 1 W/JWC
T	SAINT	THOMAS	66	3.00p	L-ESI 1 OF 3 W/JWC
	SAINT	THOMAS	66	3.30p	L-ESI 2 OF 3 W/JWC
F	SAINT	THOMAS	66	3.45p	L-ESI REPEAT X 1 W/JWC

LOC TIME REASON



ADDRESS

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PACILITY: AT 1 hongs Out part rost Houses of montant Name: Celia Schamberg R.O. #. SC-6-26-72  Appress: 4230 Hardry Rd #90 1 CONTACT NAME: Debia Schamberg R.O. #. SC-6-26-72  Name of Patient Name of Patient Name of Patient Outpounded	DATE:
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PF 3n	Name of med
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W D	
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	Physician's Name/Signature: John Cu
The state of the s	vernication: institutional exemi-

V102309

FACILITY: SF. Thomas Outpatient Neurosavaical PHONE NUMBER: (615 - 341 - 3425

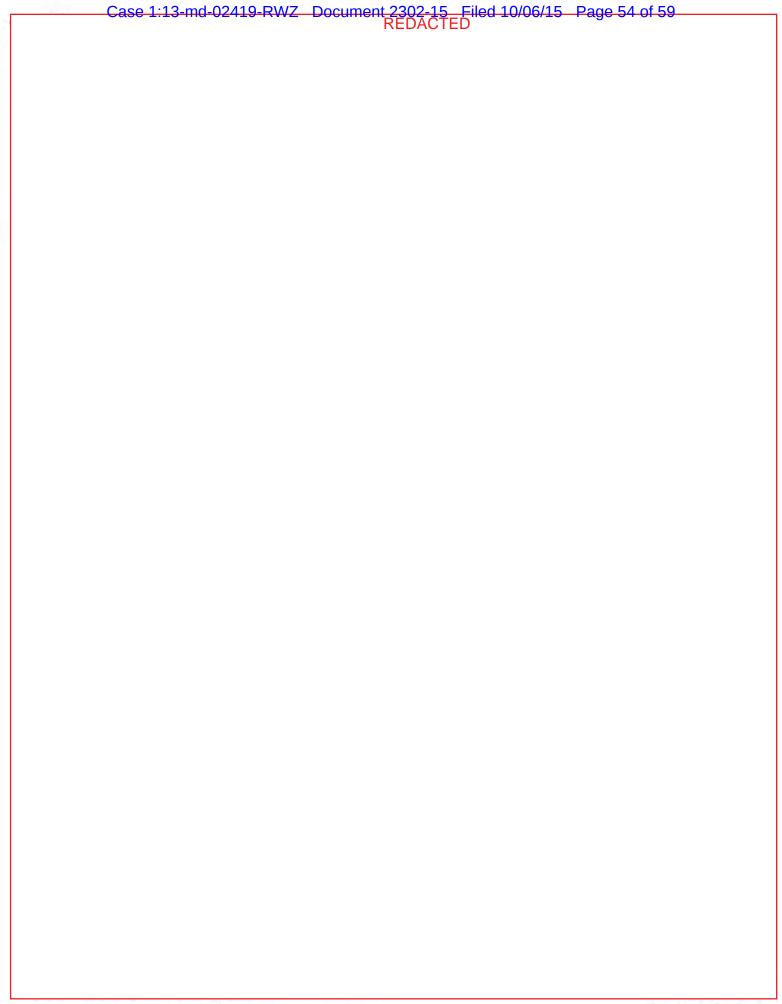
697 Waverly Street, Framingham MA 01702 Prescription Order Form DATE: 7-34-13-

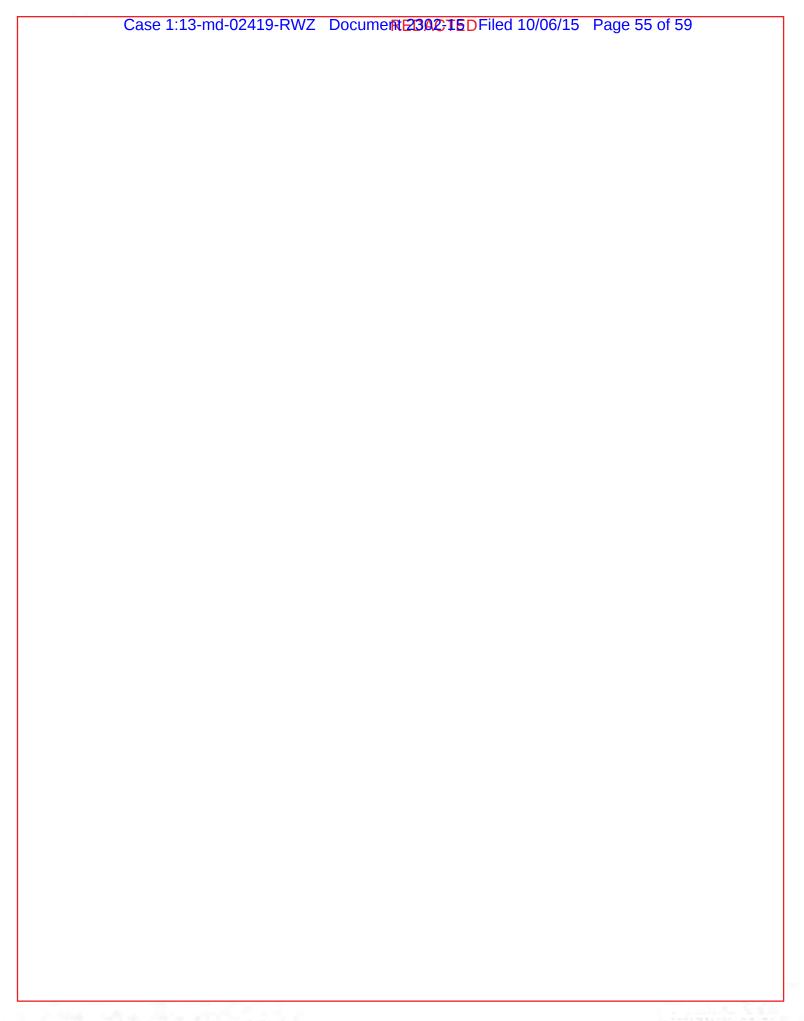
FAX 888.820.0583 or 508.820.1616 800.994.6322, 508.820.0606.

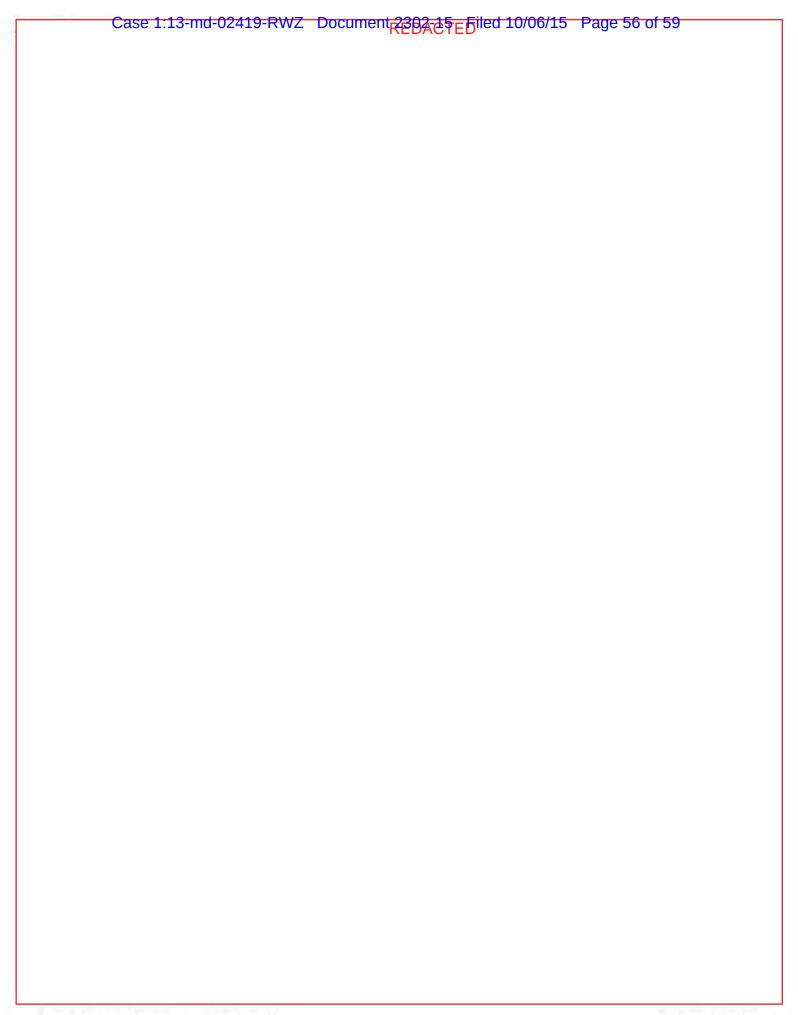
DEA Number: BC 232 6409 P.O.# 5C 7-17-17 Directions Time: 500 units # of 2 Date: Unit size (mL, gm...) M Sm We must have Facility name & address to process your prescription order - Thank you. ADDRESS: 4230 Narding Rd Swite 901 CONTACT NAME: Debya Schamberg If preservativefree, write in p/f OB: 4 7 For NECC Use Only (%, mg/ml, Strength 80mg/m 6 mg m n/ml) NECC Agent: betamethosona repository methy prednisolone Name of medication to be Physician's Name/Signature; John Cul Lasture compounded Verification: Institutional Agent: Name of Patient NO Sh

V102309

STOPNC 0059







DATE: 8 171		FA	FAX 888.820.0583 or 508.820.1616	83 or 508	3.820.1616
RACILITY: SFT Homas Outpatient Neurosagical PHONE NUMBER: (215 - 341 - 3425	ER: 415	-341-342	2		
ADDRESS: 4230 Narding Rd Swite 901 CONTACT NAME: Debra Schamberg	ME: Debr	CONTACT NAME: Dabra Schamberd me & address to process your prescription order - Thank		D.#. 50	P.O.# 568-7-12-
Name of medication to be compounded	Strength (%, mg/ml, u/m])	If preservative- free, write in p/f	Unit size (mL, gm)	# of units	Directions
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		1			
	£				
Physician's Name/Signature: John Culdasure MD			DEA	Numbe	DEA Number: BC 232 6409

Time: Date: For NECC Use Only NECC Agent: Verification: Institutional Agent:

STOPNC 0058

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1102309

	DATE:
adventing phrammay solutions	

Prescription Order Form

8-10-12

PHONE NUMBER: 415 - 341 - 3425

RACILITY: St. Thomas Outpatient Neurosurgical

697 Waverly Street, Framingham MA 01702 800.994.6322, 508.820.0606. FAX 888.820.0583 or 508.820.1616

DEA Number: BC 232 640	Number	DEA			Physician's Name/Signature: John Culdasura MD	Physician's Name/Signature;
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nud 8.14	500	in	. ⊢ ⊢ ⊢	80mg [m]	MR-thylbradiusolona	
Directions	# of units	Unit size (mL, gm)	If preservative- free, write in p/f	Strength (%, mg/ml, u/ml)	Name of medication to be compounded.	Name of Patient

V102309,

STOPNC 0057

Case 1:13-md-02419-RWZ Document 2302-15 Filed 10/06/15 Page 59 of 59

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Prescription Order Form

697 Waverly Street, Framingham MA 01702 800.994.6322, 508.820.0606. FAX 888.820.0583 or 508.820.1616

DEA Number: 13C 222 69C9 Directions P.O. #. SC 8-31-13-Time: 500 units # of 0 Date: Unit size (m], gm...) S 3 ADDRESS: 4330 HereIng Rd, Suite 901 CONTACT NAME: Debra Scham berg NAME OF St. The mas Outpatient- Neurosungial Gyphone number: 1615-341-3425 free, write in p/f If preservative-OB: 77 4 For NECC Use Only (%, mg/ml, SOme m Strength u/m]) OMG NECC Agent: betamethasona verository Physician's Name/Signature: John Culda Scarge Name of medication to be methy brednisolone compounded Verification: Institutional Agent: Name of Patient V102309

STOPNG 0056